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|--|----|------------------------|------------------------|
| <h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p> | | Application Number | 10/825,367-Conf. #8100 |
| | | Filing Date | April 16, 2004 |
| | | First Named Inventor | Martin Svehla |
| | | Art Unit | 3731 |
| | | Examiner Name | K. Sonnett |
| Total Number of Pages in This Submission | 27 | Attorney Docket Number | 22409-00005-US |

| ENCLOSURES <i>(Check all that apply)</i> | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;">Remarks</div> </div> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|--------------------------------|----------|--------|
| Firm Name | CONNOLLY BOVE LODGE & HUTZ LLP | | |
| Signature | /Michael G. Verga/ | | |
| Printed name | Michael G. Verga | | |
| Date | July 23, 2008 | Reg. No. | 39,410 |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: 7/23/2008

Electronic Signature for Michael G. Verga: /Michael G. Verga/

| | | | | |
|---|-------------------------------|------------------------|------------------------------|--|
| AMENDMENT TRANSMITTAL LETTER | | | Docket No. 22409-00005-US | |
| Application No. 10/825,367-Conf. #8100 | Filing Date April 16, 2004 | Examiner K. Sonnett | Art Unit 3731 | |

Applicant(s): Martin Svehla et al.

Invention: MANUAL INSERTION TOOL FOR A COCHLEAR IMPLANT

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.
The fee has been calculated and is transmitted as shown below.

| CLAIMS AS AMENDED | | | | | |
|---|---|---|-----------------------------------|----------|--------|
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 57 | - 57 = | 0 | x 50.00 | 0.00 |
| Independent Claims | 4 | - 4 = | 0 | x 210.00 | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): Extension for response within first month | | | | | 120.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 120.00 |

☒ Large Entity
 ☐ Small Entity

☐ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. 22-0185 in the amount of \$ _____.
 A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 22-0185
 as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

/Michael G. Verga/

Michael G. Verga
Attorney/Agent Reg. No.: 39,410

CONNOLLY BOVE LODGE & HUTZ LLP
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Dated: July 23, 2008

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: July 23, 2008 Electronic Signature for Michael G. Verga: /Michael G. Verga/